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## 48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL FRIENDS OF BOB JOHNSON, LLC						
ADDRESS (number and street) PO Box 16401						
CITY, STATE, and ZIP CODE						
Savannah			GA 314	16-3101		
2. NAME OF CANDIDATE			3. OFFICE SOUGHT (S	tate and District)	4. FEC IDENTIFICATION NUMBER	
Dr. Robert E Johnson			House	GA 01	C00545418	
5. ISTHIS AN AMENDMENT? NO, THIS IS A N	IEW FIL	ING	YES, IT AMENDS THE	NOTICE FILED ON	/	/
A. FULL NAME, MAILING ADDRESS AND ZIP CODE			Name of Employer		Date (month,	Amount
Dr. Dana Kumjian			Medical Associates	of Savannah	day, year)	
,					07/18/2014	1000.00
18 Shellworth Crossing						
			Transaction ID : 6F Occupation	C2F6612F5EA49E		
Savannah	GA	31411-2135	Physician			
B. FULL NAME, MAILING ADDRESS AND ZIP CODE			Name of Employer		Date (month,	Amount
Dr. Robert Jarman			Anesthesia Associa	ates	day, year)	
					07/18/2014	1000.00
7 Marsh Haven Lane						
				06C7B237DD6428F		
Savannah	GA	31411-2718	Occupation			
O FULL NAME MANUNO ADDDESS AND 710 CODE			Anesthesiologist		Data (manth	Amazunt
C. FULL NAME, MAILING ADDRESS AND ZIP CODE			Name of Employer		Date (month, day, year)	Amount
Jack Brewton			D&M Liquors		07/40/0044	4000.00
503 Hwy 80 West					07/18/2014	1000.00
•			Transaction ID: 623B8A9DF559C4040			
5.1		04000 0447	Occupation			
Pooler	GA	31322-2117	Owner			
D. FULL NAME, MAILING ADDRESS AND ZIP CODE			Name of Employer		Date (month, day, year)	Amount
Joanne Shapoff						
26 Islanders Retreat					07/18/2014	1500.00
20 Iolandoro Notrodi			Transaction ID : 60	017E4C459DE34E43		
			Occupation			
Savannah	GA	31411-2942	RETIRED			
E. FULL NAME, MAILING ADDRESS AND ZIP CODE			Name of Employer		Date (month,	Amount
Dr. Robert E Johnson			Southcoast Medica	l Group	day, year)	
					07/18/2014	3000.00
115 McIntosh Dr			Towns of the ID 07	, D 70 7 4 7 D 0 4 0 4 0 4 0 4 0 4 0 4 0 4 0 4 0 4 0		
			Occupation D: 67	D79747B0AC84310		
Savannah	GA	31406-5245	Physician			
SIGNATURE (optional)			DATE		For further information contact:	
Edward Shapoff			[Electronically Filed]	07/18/2014	Federal Election Commission	
			[Liectronically Filed]		999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100	

Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

